

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Maternity Support Services Managers
Managed Care Plans
CSO Administrators
Regional Administrators

Memorandum No: 02-29 MAA

Issued: June 1, 2002

For Information Call:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Supersedes: 01-19 MAA

Subject: Vendor Rate Increase for Maternity Support Services

Effective for dates of service on and after July 1, 2002, the Medical Assistance Administration (MAA) will implement a legislatively appropriated one and one-half (1.5) percent vendor rate increase.

Maximum Allowable Fees

The 2001-2003 Appropriations Act authorizes this one and one-half (1.5) percent vendor rate increase for MAA fee-for-service programs.

For this program, MAA allocated the total vendor rate increase to targeted procedure codes, rather than equally to each procedure codes.

Attached are replacement pages H.5/H.6 for MAA's Maternity Support Services Billing Instructions, dated March 2002. To obtain this fee schedule electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Bill MAA your usual and customary charge.

- Providers may **resubmit, modify, or adjust** any timely initial claim, except prescription drug claims, for a period of 36 months from the date of service. Prescription drug claims must be resubmitted, modified, or adjusted within 15 months from the date of service.

Note: MAA does not accept any claim for resubmission, modification, or adjustment after the allotted time period listed above.

- The allotted time periods do not apply to overpayments that the provider must refund to DSHS. After the allotted time periods, a provider may not refund overpayments to MAA by claim adjustment. The provider must refund overpayments to MAA by a negotiable financial instrument such as a bank check.
- The provider, or any agent of the provider, must not bill a client or a client's estate when:
 - ✓ The provider fails to meet these listed requirements; and
 - ✓ MAA does not pay the claim.

What fee should I bill MAA for eligible clients?

Bill MAA your usual and customary fee.

What if a client becomes pregnant again before MSS is terminated?

When billing for MSS, enter the new "Due Date" in field 19 on the HCFA-1500 claim form. This "resets" the clock for the new pregnancy. All future MSS visits/billing will be for the new pregnancy.

Fee Schedule

Refer to page A.2 for information on MSS visits.

State-Unique Procedure Code		Description	Maximum Allowable Effective 7/1/02
	0400M	MSS Community Health Nursing Visit	\$58.00
*	0401M	MSS Community Health Nursing Home Visit	\$91.15
	0402M	MSS Nutrition Visit	\$58.00
*	0403M	MSS Nutrition Home Visit	\$91.15
	0404M	MSS Psychosocial Visit	\$58.00
*	0405M	MSS Psychosocial Home Visit	\$91.15
	0420M	MSS Community Health Worker Visit	\$30.40
*	0421M	MSS Community Health Worker Home Visit	\$45.70
	0406M	First Steps Childcare Authorization	\$26.00
	0410M	Childbirth Education	\$60.00
	0423M	Family Planning Performance Measure	\$10.00
		<p>The First Steps team must decide which MSS discipline should bill. Teams that have members from more than one agency should decide which agency would bill.</p> <p>Bill during the post-pregnancy MSS eligibility period when the performance measure documentation is completed.</p> <p>MSS Unintended Pregnancy Performance Measure - Question 4a and b on the Family Planning Interview Guide must be documented in the client's chart.</p>	

* Home Visit Codes



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